

Work Order ID 136924

\*136924\*

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Friday, September 18, 2015 1:18:50 PM

Item ID: D6101-017 Accept \*N900040100\* Setup Start \*NS1\*

Revision ID: Stop \*NS2\*

Item Name: Saddle Billet

Start Date: 9/21/15 Start Qty: 10.00 \*10\*

Required Date: 9/22/15 Req'd Qty: 10.00 \*10\*

Reference: Cust Item ID: Customer:

Approvals: Process Plan: MLJ Date: SEP 18 2015 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
| D6101    | B            |

100 PURCHASING 0.00

\*100\*

Purchasing

Purchasing

Memo

Issue P/O: 29858

a) Description: Alluminum billet

b) 6.350" x 6.250" x 2.250" thick (+0.030 / -0.000)

c) Tolerance on all dimensions are +0.030/-0.000"

d) Grain direction along 6.350" length

e) Material: 7075-T7351 (QQ-A-250/12)

f) Material certification required

0.00

CL SEP 22 2015 10

110 Receive & Inspect for Damage & Mat'l Certs 0.00

\*110\*

Packaging

Packaging

Memo

Ensure material certification is attached

0.00

10 DAS 6 9-89 OCT 08 2015

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                                                                                                                                                     |  |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QS1042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                                                                                                                                                     |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                                                                                                                                                     |  |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                                                                                                                                                     |  |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                                                                                                                                                     |  |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                                                                                                                                                     |  |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                                                                                                                                                     |  |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                                                                                                                                                     |  |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                                                                                                                                                     |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                                                                                                                                                     |  |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                                                                                                                                                     |  |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                                                                                                                                                     |  |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |

# Picklist Print.

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Work Order ID: 136924

**\*136924\***

Parent Item: D6101-017

**\*D6101-017\***

Parent Item Name: Saddle Billet

Start Date: 9/21/15

Required Date: 9/22/15

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP RevA: New issue DD verified by:EC

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| D6101-017P                      |                        | Purchased     | No          |                     |                  | 110             | Each               | 0.0000         | 1           | 10           |               |                |        |

**\*D6101-017P\***

ALUM BILLET

**\*\***

OCT 08 2015

DAS  
6  
9-89

**Castle Metals®**

A. M. Castle &amp; Co.

PACKING SLIP/  
CERTIFICATE OF CONFORMANCE

Page 1 of 2

Shipment No:2749761

|                                                                                                     |                         |                                                                                        |  |                                                                                                          |  |                                                                                              |  |
|-----------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|--|
| <b>Ship From:</b><br>TORONTO - CASTLE<br>METALS<br>2150 ARGENTIA ROAD<br>MISSISSAUGA, ON L5N<br>2K7 |                         | <b>Sold To:</b><br>DART AEROSPACE LTD<br>1270 ABERDEEN<br>HAWKESBURY, ON K6A 1K7<br>CA |  | <b>Ship To:</b><br>DART<br>AEROS,HAWKESBURY,O<br>N,CAN<br>1270 ABERDEEN<br>HAWKESBURY, ON K6A<br>1K7 CAN |  | <b>Deliver To:</b><br>DART AEROSPACE LTD<br>1270 ABERDEEN<br>HAWKESBURY, ON<br>K6A 1K7<br>CA |  |
| <b>Date Shipped</b><br>07-OCT-2015                                                                  | <b>F.O.B.</b><br>ORIGIN | <b>Freight Terms</b><br>Prepaid                                                        |  | <b>Carrier</b><br>MANITOULIN                                                                             |  | <b>BOL No</b><br>2749761-2                                                                   |  |

|                         |                                       |
|-------------------------|---------------------------------------|
| <b>Shipment Details</b> | <b>Final Destination Branch - TOR</b> |
|-------------------------|---------------------------------------|

|                                       |              |                                                      |                                                                                                                                                                                                                                                                             |                                 |
|---------------------------------------|--------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Order No<br>4069872                   | Line No<br>1 | Item No<br>750704.MO<br><i>15/10/8 SP</i>            | Description<br>2.2500.PL.7075.T7351.ALUMINUM.US1.48.5000.144.5000<br>CUT 2SIDED TO 6.25 IN ( + .0310/- .0000 IN (GRAIN TO RUN<br>ALONG 6.35")) X 6.35 IN ( + .0310/- .0000 IN (GRAIN TO RUN<br>ALONG 6.35")) - ALUMINUM PLATE SAW SPECIFICATIONS:<br><u>AMS-QQ-A-250/12</u> |                                 |
| <del>Purchase Order No</del><br>29858 |              | Part Number<br>YOUR ITEM NUMBER:<br><u>D6101-017</u> |                                                                                                                                                                                                                                                                             | <u>Ordered Qty</u><br>10.00 PCS |
|                                       |              |                                                      |                                                                                                                                                                                                                                                                             | Invoice Qty<br>10.00 PCS        |

|                |                                                                                                                                                                                                                                                                                      |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Details</b> | ALL PAPERWORK MUST FOLLOW ORDER / CUSTOMER MUST RECEIVE AT TIME OF DELIVERY<br>ALL MATERIAL MUST HAVE IDENTIFYING MARKINGS EX:HEAT #'S<br>SHIP TO CASTLE, TORONTO (MISSISSAUGA)<br>CUSTOMS BROKER: GEORGE H. YOUNG<br>END USER: DART AEROSPACE<br>END USE: COMMERCIAL AIRCRAFT PARTS |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                  |             |                                                                                                           |                |                  |                   |                    |                                    |
|----------------------------------|-------------|-----------------------------------------------------------------------------------------------------------|----------------|------------------|-------------------|--------------------|------------------------------------|
| <b>Delivery No.</b><br>120197976 | <b>Mill</b> | <b>Heat Number</b><br> | <b>Mech Id</b> | <b>PCS</b><br>10 | <b>Width (IN)</b> | <b>Length (IN)</b> | <b>Shipped Qty(LBS)</b><br>91.9537 |
|----------------------------------|-------------|-----------------------------------------------------------------------------------------------------------|----------------|------------------|-------------------|--------------------|------------------------------------|

These commodities/technologies are subject to US Export Administration &amp; US State Dept. Regulations and, if intended for export, were/are exported thereunder. Diversion contrary to US Law is Prohibited.

These commodities, technology or software were exported from the United States in accordance with the Export Administration Regulations. Diversion contrary to US law prohibited.  
Date Printed: 07-OCT-2015 05:01:12 PM



**Castle Metals®**

A. M. Castle & Co.

PACKING SLIP/  
CERTIFICATE OF CONFORMANCE

Page 2 of 2

We hereby certify the material covered by this certification conforms in accordance with the above specifications and has been found to meet the applicable requirements for the material, including any specifications forming a part of the description. Test reports are on file subject to examination. All claims for defective material are waived unless made in writing to A.M. Castle & Co. within 60 days of the shipment. Material cut to the correct size, or material cut by the customer cannot be returned for credit.

Reviewed by Authorized Castle Metals Representative:

Date:

Name:



OCT 07 2015

## SHIP TO:

A M CASTLE & CO  
3050 SOUTH HYDRAULIC  
WICHITA, KS 67216

# KAISER ALUMINUM

Trentwood Works - Spokane, WA 99215

Phone: (800) 367-2586

## SOLD TO:

AM CASTLE & CO- SOLD TO  
1420 KENSINGTON RD  
SUITE 220  
OAK BROOK, IL 60523

## CERTIFIED TEST REPORT

Serial Number

4385632

|                               |  |                          |                          |                                 |                |                                     |                  |                                             |                                            |                                      |  |
|-------------------------------|--|--------------------------|--------------------------|---------------------------------|----------------|-------------------------------------|------------------|---------------------------------------------|--------------------------------------------|--------------------------------------|--|
| CUSTOMER PO NUMBER:<br>332764 |  | WORK PACKAGE:            |                          | CUSTOMER PART NUMBER:<br>750704 |                | SHIP RUN/LOAD:<br>103283/19         |                  | GOV'T CONTRACT NUMBER:                      |                                            |                                      |  |
| KAISER ORDER NO:<br>1192911   |  | LINE ITEM:<br>1          | SHIP DATE:<br>4-AUG-2015 |                                 | ALLOY:<br>7075 | CLAD:<br>BARE                       | TEMPER:<br>T7351 |                                             | PRODUCT DESCRIPTION:<br>KaiserSelect Plate |                                      |  |
| WEIGHT SHIPPED:<br>3228 LB    |  | QUANTITY:<br>2 PCS EST.. |                          | TRUCK B/L #:<br>2055310         |                | GAUGE:<br>2.2500 IN<br>(57.1500 MM) |                  | DIAMETER/WIDTH:<br>48.500 IN<br>(1231.9 MM) |                                            | LENGTH:<br>144.500 IN<br>(3670.3 MM) |  |

MHU 1918022: LOT 141917B5: 2 pieces;

DAS  
14  
9-89

15/10/08

## Certified Specifications

AMS 4078/RevJ  
ASTM B 209/Rev14  
BSS 7055/RevB  
DPS 4.713/RevAK  
GSS16100/RevG/Amd1

AMS-QQ-A-250/12/RevA  
ASTM B 594/Rev13  
CMMP 025/RevU  
EAC MS1011/RevE  
MMS 159/RevT

AMS-STD-2154/RevA  
BAC 5439/RevJ  
CSTI 006/RevE  
GAMPS 9101/RevB/AmdSCN1  
PS 21211/RevM

Test Code: 4297

## Test Results

Lot: 141917B5 Cast 850 Drop 09 Ingot 5 Melted in USA

(ASTM E8/B557)

(EN 2002-1)

|          |                 |                                   |                                                  |                                               |                             |
|----------|-----------------|-----------------------------------|--------------------------------------------------|-----------------------------------------------|-----------------------------|
| Tensile: | Temper<br>T7351 | Dir / # Tests<br>LT / 2 (Min:Max) | Ultimate KSI (MPA)<br>70.0 : 70.4<br>(483 : 485) | Yield KSI (MPA)<br>59.1 : 59.8<br>(407 : 412) | Elongation %<br>11.7 : 12.0 |
|----------|-----------------|-----------------------------------|--------------------------------------------------|-----------------------------------------------|-----------------------------|

(ASTM E1004)

(EN 2004-1)

|                      |          |          |
|----------------------|----------|----------|
| Conductivity %IACS : | 40.0 Min | 40.6 Max |
| (MS/M) :             | 23.2 Min | 23.5 Max |

(ASTM E1251)

|             |      |      |     |      |     |      |     |      |      |      |          |
|-------------|------|------|-----|------|-----|------|-----|------|------|------|----------|
| Chemistry:  | SI   | FE   | CU  | MN   | MG  | CR   | ZN  | TI   | V    | ZR   | OTHER    |
| Actual(wt%) | 0.08 | 0.17 | 1.5 | 0.04 | 2.5 | 0.19 | 5.7 | 0.03 | 0.01 | 0.01 | TOT 0.05 |



# KAISER ALUMINUM

Trentwood Works - Spokane, WA 99215  
Phone: (800) 367-2586

## CERTIFIED TEST REPORT

Serial Number  
4385632

### ALLOY LIMITS

|                  | SI   | FE   | CU  | MN   | MG  | CR   | ZN  | TI   | V    | ZR   | OTHER | MAX  |
|------------------|------|------|-----|------|-----|------|-----|------|------|------|-------|------|
| 7075<br>MIN(wt%) | 0.00 | 0.00 | 1.2 | 0.00 | 2.1 | 0.18 | 5.1 | 0.00 | 0.00 | 0.00 | EACH  | 0.05 |
| MAX(wt%)         | 0.40 | 0.50 | 2.0 | 0.30 | 2.9 | 0.28 | 6.1 | 0.20 | 0.05 | 0.05 | TOT   | 0.15 |

Aluminum Remainder

### ORDER COMMENTS

AMC CA-15413B R 6

AMS 4078, AMS QQ-A-250/12, AMS STD-2154, A

STM B209, ASTM B594, BS

S 7055, CMMP Q25, CSTI 006, DPS 4.713, GAMP

S 9101, MMS 159, PS 212

11

### TEST NOTES

Metal represented by this test report was 100% immersion ultrasonically tested from one side with 3mm dead zones top and bottom and meets the Class A and Class B requirements of all specifications referenced on this test report. No surface marking of sonic indications is performed.

### CERTIFICATION

Kaiser Aluminum Fabricated Products, LLC (Kaiser), is ISO-9001:2008/AS9100C certified and hereby certifies that all material shipped under this order:

- has been inspected, tested, and found to be in conformance with the requirements of the specifications indicated herein. For material thicknesses outside specification limits, mechanical properties are as shown herein and chemical composition meets specification requirements.
  - was melted in the United States of America or a qualifying country per DFARS 225.872-1(a), was manufactured in the United States of America, and meets the requirements of DFARS 252.225 for domestic content.
  - has been thermally processed in compliance with AMS 2772, where applicable.
  - is mercury free, within the limits of detection of ASTM E1251 ( $< 1$  ppm).
  - is in compliance with RoHS 2, European Union Directive 2011/65/EU.
  - is in compliance with and regularly monitors any updates to the European Chemical Agency, ECHA, REACH regulations, (EC) n°1907/2006.
  - is free of Conflict Minerals, as defined in Section 15.2 of the Dodd-Frank Act.
- Any warranty is limited to that shown on Kaiser Aluminum's standard general terms and conditions of sale. Test reports are on file, subject to examination. Test reports shall not be reproduced except in full, without the written approval of the Kaiser Aluminum laboratory. The recording of false, fictitious or fraudulent statements or entries on the certificate may be punished as a felony under federal law.

JAMES HEMENWAY, LABORATORIES SUPERVISOR



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                            |                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE</b><br>RECEIVED, Subject to the classification and tariffs in effect on the date of issue of this Bill of Lading The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on it's route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail of rail-water shipment, or (2) in the applicable motor carrier classification or tariff this is a motor carrier shipment. |                                                                                                                                                                            | <b>Shipper No.:</b> 2749761-2<br><b>FROM AT:</b> A. M. Castle & Co.<br>2150 ARGENTIA ROAD<br>MISSISSAUGA<br>ON L5N 2K7 CAN               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                            | <b>Ship Date:</b> 07-OCT-2015                                                                                                            |
| <b>Consigned To:</b><br>DART AEROSPACE LTD<br>1270 ABERDEEN<br>HAWKESBURY ON<br>K6A 1K7 CAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Delivery instructions:</b><br>ALL LOADS MUST BE TARPED. DELIVER<br>PACKING LIST AND TEST REPORTS OR<br>CONSIGNEE WILL REFUSE.                                           | <b>Payment Terms:</b><br>Prepaid<br><b>REMIT FREIGHT INVOICES TO:</b><br>RayTrans Management, Inc.<br>PO Box 1210<br>Washington PA 15301 |
| <b>Carrier Name:</b><br>MANITOULIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Additional Insurance Coverage:</b><br>The agreed or declare value for the property is hereby specifically stated by the shipper to be not exceeding:<br>_____ per _____ |                                                                                                                                          |

**Shipment Breakdown:**

| Quantity | Packaging | Class  | Commodity     |
|----------|-----------|--------|---------------|
| 1        | SKID      | FAK_50 | Metal Product |

**Shipment Weights:**

|         |         |
|---------|---------|
| Product | 92 LBS  |
| Dunnage | 10 LBS  |
| Gross   | 102 LBS |

**ORDER DETAIL:**

| Customer PO | Sales Order No. | Line No. | Castle Item No. | Quantity Shipped | Castle UOM |
|-------------|-----------------|----------|-----------------|------------------|------------|
| 29858       | 4069872         | 1        | 4069872*1*1     | 10               | PCS        |

|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Subject to Section 7 of Conditions of applicable bill of Lading. If this shipment is to be delivered to the consignee without recourse to the consignor, the consignor shall sign the following statements.<br>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. | If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." NOTE: Where the rate is dependent on value, the shippers are required to state specifically in writing the agreed or declared value of the property. |
| THIS SHIPMENT IS TO BE TENDER RECEIVED AND TO BE CARRIED SUBJECT TO ALL TERMS AND CONDITIONS OF THE STEAMSHIP COMPANIES CURRENT FORM BILL OF LADING                                                                                                                                                                          | The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding                                                                                                                                                                                                           |
| THIS IS TO CERTIFY THAT THE ABOVE NAMED ARTICLES ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.                                                                               | Customer is responsible for all shipping documents and compliance with United States and Canadian laws, including but not limited to U.S. and Canadian Export laws and regulations.                                                                                                                                     |

SHIPPER, PER:

insert creator's name

Per

 Shipper No.: 2749761-2  
 15/10/7  
 Date

Driver's Signature

Name

 F. DOWD  
 52656  
 648003  
 Please Print Name Here

PROOF OF DELIVERY:

Signature / Date

All pages must be signed

16.42 - 15.20

Page 1 of 1

TEST REPORT  
ENVELOPE  
MUST SHIP  
WITH MATERIAL

MANITOULIN TRANSPORT 1-800-265-1485







Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO29858**

Purchase Order Date 9/22/2015

PO Print Date 9/22/2015

Page Number 1 of 2

Order From :  
METAUX CASTLE  
P.O. BOX 4090 STN A  
TORONTO, ONTARIO M5W OE9  
CANADA

VU-MET002

Ship To : DART AEROSPACE LTD  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**PAID**

Contact Name

Vendor Phone

Ship To Contact

Ship To Phone

Ship Via: Yours ppd

Ship Acct:

Buyer

Customer POID

Customer Tax # 10127-2607

Terms Net 30

Currency USD

FOB Destination-Collect

Chantal Lavoie

| Line Nbr                                                                                                                                                                                                                                                                                                                                      | Reference Vendor Part Number<br>Line Comments<br>Delivery Comments | Description/<br>Mfg ID         | Req Date/<br>Taxable<br>Promise Date | CD | Req Qty/<br>Unit of<br>Measure | PO Unit Price | Extended<br>Price |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------|--------------------------------------|----|--------------------------------|---------------|-------------------|
| 1                                                                                                                                                                                                                                                                                                                                             | D6101-017P                                                         | ALUM BILLET                    | 10/6/2015<br>Yes<br>10/6/2015        |    | 10.00<br>Each                  | \$64.75       | \$647.50          |
| AS PER DWG D6101 REV. B<br>B136924<br>SIZE: 6.350" X 6.250" X 2.250" THICK<br>GRAIN DIRECTION ALONG 6.350" LENGHT<br>MATERIAL: 7075-T7351 QQ-A-250/12<br>TOLERANCE AS PER QUOTE +.030"/-.000"                                                                                                                                                 |                                                                    |                                |                                      |    |                                |               |                   |
| Line Total:                                                                                                                                                                                                                                                                                                                                   |                                                                    |                                |                                      |    |                                |               | \$647.50          |
| 2                                                                                                                                                                                                                                                                                                                                             | 71401-45                                                           | PROCUREMENT<br>QUALITY CLAUSES | 10/6/2015<br>No<br>10/6/2015         |    | 1.00                           | \$0.00        | \$0.00            |
| Procurement Quality Clauses<br>A005 right of entry<br>A012 chemical and physical test report<br>A016 personnel qualification<br>A017 raw material identification (as applicable)<br>A026 certification of materila conformance<br>A041 quality management system<br>A042 dart notification by supplier<br>A043 retention of quality documents |                                                                    |                                |                                      |    |                                |               |                   |

15/10/18  
SP

Note:

9/22/2015



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Tel: 613 632 9577  
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## PURCHASE ORDER

Purchase Order ID **PO29858**

Purchase Order Date 9/22/2015

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Page Number 2 of 2

**Order From :**

VU-MET002

METAUX CASTLE  
P.O. BOX 4090 STN A  
TORONTO, ONTARIO M5W OE9  
CANADA

**Ship To :** DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

Contact Name

Vendor Phone

Ship To Contact

Ship To Phone

Ship Via:

Yours ppd

Ship Acct:

Buyer

Chantal Lavoie

Customer POID

Customer Tax #

10127-2607

Terms

Net 30

Currency

USD

FOB

Destination-Collect

Line Total: \$0.00

PO Total: \$647.50

*Handwritten signature and initials*

Note: Terms & Condition of Purchasing(Suppliers) and Procurement Quality Clauses are an integral part of our AS9100 requirements. To learn in detail, please visit [www.dartaerospace.com](http://www.dartaerospace.com) for further explanation.

Change Nbr: 1

Change Date: 9/22/2015

# MATERIAL RECEIPT INSPECTION FORM

MATERIAL D6101-007  
DATE 15/10/08

PO / BATCH NO 29858/136924

MATERIAL CERT REC'D yes  
QUANTITY RECEIVED 10  
QUANTITY INSPECTED 10  
QUANTITY REJECTED \_\_\_\_\_

THICKNESS ORDERED 6.35X6.25X2.25  
THICKNESS RECEIVED 6.35X6.25X2.25  
SHEET SIZE ORDERED \_\_\_\_\_  
SHEET SIZE RECEIVED \_\_\_\_\_

| DESCRIPTION                                        | NCR<br>(Check<br>Y/N)                | COMMENTS |
|----------------------------------------------------|--------------------------------------|----------|
| SURFACE DAMAGE                                     | Y <input checked="" type="radio"/> N |          |
| CORRECT FINISH                                     | <input checked="" type="radio"/> Y N |          |
| CORROSION                                          | Y <input checked="" type="radio"/> N |          |
| CORRECT GRAIN DIRECTION                            | <input checked="" type="radio"/> Y N |          |
| CORRECT MATERIAL                                   | <input checked="" type="radio"/> Y N |          |
| CORRECT THICKNESS                                  | <input checked="" type="radio"/> Y N |          |
| PHOTO REQUIRED                                     | Y <input checked="" type="radio"/> N |          |
| CORRECT MATERIAL                                   | <input checked="" type="radio"/> Y N |          |
| CORRECT REF # TO LINK CERT                         | <input checked="" type="radio"/> Y N |          |
| CORRECT MATERIAL IDENTIFICATION                    | <input checked="" type="radio"/> Y N |          |
| CORRECT M# ON THE MATERIAL                         | <input checked="" type="radio"/> Y N |          |
| DOES THIS MATERIAL REQUIRE<br>ENGINEERING SIGN OFF | Y <input checked="" type="radio"/> N |          |
| DOES THIS REQUIRE AN<br>EXTRUSION REPORT           | Y <input checked="" type="radio"/> N |          |

| CUT SAMPLE PIECE OF MATERIAL AND PERFORM A HARDNESS CHECK<br>RECORD RESULTS BELOW |     |     |       |       |  |
|-----------------------------------------------------------------------------------|-----|-----|-------|-------|--|
| TYPE OF MATERIAL                                                                  | HRC | HRB | DUR A | DUR D |  |
| SIZE OF TEST SAMPLE                                                               |     |     |       |       |  |
| HARDNESS / DUROMETER READING                                                      |     |     |       |       |  |

*testers located in the Quality Office*

| QC 18 INSPECTION                                    |                     | ENGINEERING SIGNOFF (if required) |  |
|-----------------------------------------------------|---------------------|-----------------------------------|--|
| INSPECTED BY <u>DAS</u><br><u>14</u><br><u>9-89</u> | SIGNED OFF BY _____ |                                   |  |
| DATE <u>15/10/08</u>                                | DATE _____          |                                   |  |

Attach this inspection sheet with the corresponding material cert and remit to be scanned and received in

# MATERIAL RECEIPT INSPECTION FORM

## INSTRUCTIONS FOR INSPECTING BAR, TUBING, ROUND, & SHEET STOCK

1. VERIFY STOCK TO DART PURCHASE ORDER
2. MEASURE ALL DIMENSIONS FOR EACH PURCHASED STOCK
  - a. WIDTH, THICKNESS, DIAMETER, WALL THICKNESS & LENGTH
3. VERIFY CONDITION OF MATERIAL i.e. DAMAGED, CORRODED, etc
4. VERIFY THAT SUPPLIER HAS A NUMBER (HEAT #) ON ITS RECEIVING REPORT TO LINK TO MATERIAL CERTS
5. VERIFY MATERIAL CERTS ARE CORRECT TO THE DART PO INSTRUCTIONS
6. REMOVE / CUT A PIECE OF MATERIAL FOR SAMPLE HARDNESS TESTING

## INSTRUCTIONS FOR INSPECTING SKIDTUBE & STEP EXTRUSION

1. VERIFY TO DART SUPPLIED DRAWING
  2. SAMPLE INSPECT MATERIAL IN BUNDLE TO ENSURE MATERIAL CAN BE RECEIVED INTO DART
  3. USING PORTABLE HARDNESS TESTER VERIFY HARDNESS OF THE MATERIAL TO THE DRAWING
  4. VERIFY THAT MATERIAL CERTS MATCH TO WHAT'S CALLED UP ON THE DART DRAWING
- AFTER MATERIAL PASSES INSPECTION**
5. HAVE DART EMPLOYEES START STOCKING MATERIAL BUT REQUEST MIN 20pcs FOR FULL INSPECTION
  6. INSPECT ALL DIMS AS PER DRAWING REQUIREMENTS

## INSTRUCTIONS FOR INSPECTING CROSS TUBE MATERIAL

1. VERIFY MATERIAL CERTS MATCH THE REQUIREMENTS ON THE DART DRAWINGS
2. INSPECT MIN HALF THE BATCH OF EXTRUSION RECEIVED INTO DART
3. INSPECT MATERIAL AS PER THE EXTRUSION REPORT
  - a. WALL THICKNESS USING ULTRA-SONIC IN 4 LOCATIONS
  - b. OUTSIDE DIAMETER HIGHEST/LOWEST BOTH ENDS
  - c. INSIDE DIAMETER HIGHEST/LOWEST BOTH ENDS
  - d. STRAIGHTNESS @ CENTER OVER 12" SPAN
  - e. WALL THICKNESS USING TUBE MICROMETER HIGHEST/LOWEST BOTH ENDS
4. IDENTIFY EACH TUBE IN SEQUENCE OF INSPECTING (TUBE 1, TUBE 2 ) AND W/O# AND PO#
5. RECORD ALL FINDINGS ON EXTRUSION REPORT

IF ANY QUESTIONS PLEASE SEE QC COORDINATOR BEFORE GOING FURTHER